

**COVER SHEET FOR
DATA SUBMITTAL AND ANNUAL REPORT
(WHEN SAMPLING UNDER A GROUNDWATER MANAGEMENT PERMIT)**

Site Name: _____; Town: _____

Permit #: _____ - ____ - ____

Type of Submittal (Check All That Apply):

- ☐ Annual Report
- ☐ Data Submittal (Check Month of Sampling Event Per Condition #7 of Permit)
__Jan.; __Feb.; __March; __April; __May; __June; __July; __Aug.; __Sept.; __Oct.; __Nov.; __Dec.
- ☐ Due Date (Per Condition #7 of Permit): _____

Check each Box where the answer to any of the following questions is "YES":

Sampling Results

- ☐ Were any New compounds detected during the latest sampling event at any sampling point? (*Does not apply to Natural Attenuation parameters*)
 - ☐ Well/Compound _____/_____
- ☐ Are there any First Time drinking water well receptor impacts?
 - ☐ Do compounds detected exceed AGQS?
 - ☐ Well/Compound _____/_____
- ☐ Is there any First Time free product detection in any monitoring point?
 - ☐ Surface Water (*visible sheen*)
 - ☐ Groundwater (*1/8" or greater thickness*)
 - ☐ Well/Compound _____/_____

Dissolved Plume Contaminant Trends

Source Area Wells

- ☐ Do sampling results show an increasing concentration trend in any source area monitoring well for any compound over the last six sampling events?
 - ☐ Well/Compound _____/_____

GMZ Boundary Wells

- ☐ Do sampling results show an increasing concentration trend in GMZ Boundary well for any compound over the last six sampling events?
 - ☐ Well/Compound _____/_____

Recommendations

- ☐ Are there any recommendations being made as a result of the recent sampling requiring DES action? (*Other than to continue with existing permit conditions*)

Note: This form to be completed for Oil Remediation & Compliance Bureau projects only. Failure to fully complete this form may result in denial of any associated reimbursement claim.